

**Rational Pharmaceutical Management Plus  
Rapid Assessment of Antimalarial Drug Management in the SANRU-  
assisted Kabondo Health Zone in the Democratic Republic of Congo:  
Trip Report**

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## **About RPM Plus**

The Rational Pharmaceutical Management Plus (RPM Plus) Program, funded by the U.S. Agency for International Development (cooperative agreement HRN-A-00-00-00016-00), works in more than 20 developing countries to provide technical assistance to strengthen drug and health commodity management systems. The program offers technical guidance and assists in strategy development and program implementation both in improving the availability of health commodities—pharmaceuticals, vaccines, supplies, and basic medical equipment—of assured quality for maternal and child health, HIV/AIDS, infectious diseases, and family planning and in promoting the appropriate use of health commodities in the public and private sectors.

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## **Key Words**

Malaria, Congo, SANRU

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## Acronyms

CDC	Center for Disease Control
CQ	Chloroquine
CRS	Catholic Relief Services
DEPHAKIS	Dépôt Pharmaceutique de Kisangani
DRC	Democratic Republic of Congo
ECC	Église de Christ au Congo
FC	Franc Congolais
IPT	Intermittent Preventive Treatment
MAC	Malaria Action Coalition
MNH	Maternal and Neonatal Health (program) [USAID]
RBM	Roll Back Malaria
RPM Plus	Rational Pharmaceutical Management Plus Program (program) [MSH]
SANRU	Santé au Milieu Rural
SP	Sulphadoxine / Pyrimethamine
USAID	United States Agency for International Development
WHO	World Health Organization



## **Background**

Management Sciences for Health's (MSH) Rational Pharmaceutical Management Plus (RPM Plus) Program has received funds from USAID to develop strategies to implement malaria policies and to provide technical assistance in drug management issues for malaria. RPM Plus is a key technical partner in the Malaria Action Coalition (MAC), a partnership among four technical partners: The World Health Organization (WHO), the US Centers for Disease Control (CDC), the Maternal and Neonatal Health Program (MNH) and RPM Plus.

USAID/Kinshasa has adopted the following targets for its malaria program:

- 60% of all children receive effective treatment for malaria within 24 hours of the onset of illness
- 60% of all pregnant women and infants sleep under an insecticide treated net
- 60% of all pregnant women receive intermittent preventive therapy
- All children hospitalized for severe malaria receive appropriate treatment

Towards achieving these targets USAID/Kinshasa is committed to supporting a highly focused, core package of malaria preventive and curative services to be largely delivered through the health zones USAID supports through Santé au Milieu Rural (SANRU) III project and Catholic Relief Services (CRS). To support this strategy, RPM Plus was asked to conduct a rapid assessment of the drug distribution system in a selected SANRU-assisted health zone.

## **Purpose of Trip**

Grace Adeya from RPM Plus traveled to Kinshasa, Congo (DRC) to work with USAID/Kinshasa and SANRU on a rapid assessment of the antimalarial drug management system in a selected SANRU-supported health zone. The assessment will identify options for strengthening the drug management system to increase access to antimalarial drugs within the SANRU-supported health zones.

## **Scope of Work**

1. Meet with SANRU and other relevant partners
2. Conduct rapid assessment of the current antimalarial drug management system in the selected health zone.
3. Provide an arrival briefing and/or departure debriefing to USAID upon request.

## **Activities**

### **1. Meet with SANRU, and other relevant partners**

Grace Adeya met briefly with Larry Streshley of SANRU on Sunday May 18, 2004 to discuss the proposed assessment and to make the final arrangements for travel to Kisangani to conduct the assessment. While in Kisangani, there was also a meeting with representatives of the Christian Church in Congo [Église de Christ au Congo (ECC)] who is the main local partner in SANRU. During this meeting, the assessment team briefed the ECC on the objectives and plans for the proposed assessment.

### **2. Conduct rapid assessment of the current antimalarial drug management system in the selected health zone.**

The assessment team consisting of Grace Adeya from RPM Plus, and Ben Mambo and Kadi Aime of SANRU, traveled to Kisangani on Monday, May 17, 2004 to conduct the rapid assessment in the Kabondo health zone. On arrival, the team immediately traveled to the SANRU coordinating office for a meeting with the SANRU focal point for Kisangani, Dr. Likwela Bolenga, who was acted as the coordinator for the data collection process. Background information on the SANRU supported health zones in Orientale province was obtained at this meeting and the plans for the data collection process finalized. That afternoon the team traveled to the Dépôt Pharmaceutique de Kisangani (DEPHAKIS) to begin the data collection process. On Day 2, data collection continued at the Wanie-Rakula health center, followed by the Kabondo reference hospital before ending at the Central Office of the Kabondo health zone. On Day 3, the team returned to DEPHAKIS for some additional questions and to meet with some of the board members to brief them on some of the initial findings of the assessment. The results of this rapid assessment are detailed in a separate report that will be available in early July 2004.

At the request of SANRU, the team also conducted a brief survey of the three private pharmacies in Kisangani to obtain some preliminary information on what antimalarial products are available and how they are being used. This is discussed further in the “Additional Activities” section below.

The team then traveled back to Kinshasa. Interviews with SANRU personnel in Kinshasa took place on Thursday, May 21, 2004 and the preliminary findings of the assessment discussed at a meeting with Dr. Streshley. Based on the results of the assessment, some suggested areas for further technical assistance were also discussed at this meeting.

### **3. Provide an arrival briefing and/or departure debriefing to USAID upon request.**

There was no arrival briefing with USAID; however a debriefing with Emile Bongo of USAID and Larry Streshley of SANRU took place on Friday, May 22, 2004. Some of the preliminary findings of the assessment were presented and discussed at the debriefing. Based on the discussions it was agreed that RPM Plus through MAC will continue to support the USAID/Kinshasa partners, i.e. SANRU and CRS by:



- Participating in the training of the health providers in SANRU- and CRS-supported health zones to improve their drug management skills and practices.
- Providing additional technical assistance to SANRU and CRS to improve drug management within the health zones they support.
- Conducting some operational research focusing on the availability and use of antimalarials within the private sector.

Dr. Streshley also expressed an interest in some technical assistance with completing the inventory management software that SANRU had developed. This would require a visit of approximately 2-3 months to work with the SANRU technician. This did not appear to be an area where RPM Plus could provide assistance at this time.

## **Collaborators and Partners**

- Dr. Larry Streshley, SANRU
- Ben Mambo, SANRU
- Kadi Aime, SANRU
- Victor Bolembé Mbose, DEPHAKIS
- Dr. Likewela Bolengo, SANRU/Kisangani
- Emile Bongo USAID/Kinshasa

## **Adjustments to Planned Activities and/or Additional Activities**

SANRU is interested in understanding how the private sector in DRC is managing malaria and what impact this has on the malaria morbidity patterns in the country. There has been no assessment of the private sector practices in DRC to date. This information would be useful in developing strategies to ensure appropriate malaria control practices in this sector. At their request, the assessment team visited three private pharmacies in Kisangani to obtain some initial information on what antimalarials are available and what is recommended.

### Methods

At the first pharmacy, the dispenser was simply asked what antimalarials she had in stock, how much they cost, what she recommended for use for a suspected case of malaria in a young child. At the other two pharmacies, one member of the team presented as a parent of a young child (less than 5 years) who had developed a fever and was suspected to have malaria. He then asked the dispenser to recommend treatment and discussed alternative treatments based on the suggestions that the dispenser made.

### Results

None of the dispensers in the three pharmacies recommended Sulphadoxine / Pyrimethamine (SP) for first line treatment of malaria. In all the three, the initial recommendation was  $\beta$ -Malaxin<sup>®</sup>. This is a  $\beta$ -Artemether product that is manufactured by a manufacturer in Kinshasa (Co-Life

Congo S.P.R.L) under license from a South Korean Manufacturer (Chodang Pharma. S.A.). The recommended alternative to this was Quinine.

In Pharmacy 3, a nursing student was present and visiting with the dispenser when the team asked for a recommendation. At the request of the dispenser, it was she who answered our questions. She recommended that we purchase the  $\beta$ -Malaxin ® or Quinine. When we suggested that we had heard that we could use SP she responded that, “SP is for prevention. If the child already has a fever then use quinine or the  $\beta$ -Malaxin ®.”

All three pharmacies still had different formulations of chloroquine (CQ) in stock despite the fact that this has not been recommended for use in the DRC for more than a year. In Pharmacy 1, the dispenser said that CQ was still the drug of choice of the older private practitioners in the pharmacy and most of her sales of chloroquine were the result of the prescriptions from these practitioners. The table below summarizes the prices of the antimalarials that were recommended and SP.

**Table 1: Information on some antimalarials available at selected private pharmacies in Kisangani**

	<i>Pharmacy 1</i>	<i>Pharmacy 2</i>	<i>Pharmacy 3</i>
<b>Quinine</b>	<ul style="list-style-type: none"> <li>• 400 FC<sup>1</sup> for 10 tablets of 500 mg each.</li> </ul>	<ul style="list-style-type: none"> <li>• Available</li> </ul>	<ul style="list-style-type: none"> <li>• 200 FC for 10 tablets of 300 mg each.</li> </ul>
<b>SP</b>	<ul style="list-style-type: none"> <li>• 60 FC for three tablets</li> <li>• The pharmacy purchases these tablets from a depot in Kisangani run by the Catholic Church who procure them from the International Dispensary Association.</li> </ul>	<ul style="list-style-type: none"> <li>• Available</li> </ul>	<ul style="list-style-type: none"> <li>• 120 FC for three tablets of Fansidar®</li> </ul>
<b><math>\beta</math>-Malaxin ®</b>	<ul style="list-style-type: none"> <li>• 1000 FC for the box of tablets</li> </ul>	<ul style="list-style-type: none"> <li>• 1200 FC for the suspension</li> </ul>	<ul style="list-style-type: none"> <li>• 1500 FC for the suspension</li> </ul>

In addition to the antimalarials listed above, all three pharmacies had poster advertisements for other antimalarials including dihydroartemisin and artesunate on the walls of their premises.

These findings formed part of the basis for the request that RPM Plus conduct the operational research to obtain information that can be used to develop appropriate interventions to improve the antimalarial drug use practices in the private sector.

<sup>1</sup> FC = Franc Congolais. US \$ 1.00 ~ FC 390

## **Next Steps**

### **Immediate Follow-up Activities**

- Complete and disseminate the results of the rapid assessment.
- Work with SANRU and CRS to develop specific areas for further technical assistance from RPM Plus.